



**DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES**

**GOVERNOR'S ADVISORY COUNCIL
TO THE
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES**

February 18, 2014

The Governor's Advisory Council to the Division of Developmental Disabilities Services met on February 18, 2013, at the 1056 Woodbrook Conference Room, Dover.

COUNCIL MEMBERS PRESENT: Anthony Horstman, Chair
Timothy F. Brooks, Ed.D.
Thomas Rust
Jamie Doane
Terri Hancharick

STAFF MEMBERS PRESENT: Jane Gallivan
Pat Weygandt
Shawna Rodriguez - minutes

GUESTS PRESENT: Terry Olson
Gary Cassedy
Vicki Haschak
Brian Hartman

CALL TO ORDER: The meeting was called to order at 1:10 p.m.

NEXT MEETING: March 18, 2014 1 p.m. – 3 p.m.
1056 Woodbrook Conference Room, Dover

APPROVAL OF MINUTES Minutes not available at this time.

Additions to the Agenda Tim Brooks requested current number of clients in Family Support. He requested the epilogue language and Brian Hartman had a copy so everyone received a copy.

Updates to the Various Waivers

Notices have been sent about the public hearings to be held regarding the application for the waiver renewals. There will be hearings in each county. New Castle County will be at Fox Run, Kent County will be held at the Dover Public Library and Sussex County will be at the Georgetown Public Library. The New Castle public library was the first choice; however, it was booked. Fox Run was then chosen. Notification will go out one more time. At some point the application will be posted on the website.

The first page is similar to a summary of the changes for the entire document. Some changes that have been made are to the MR terminology. Asperger's is now folded under Asperger's Spectrum disorder to come in compliance with the DSM.

Minor performance measurements have been changed, either due to duplication or not necessary any longer. An example of these changes would be the number of meetings with the oversight committee. Delaware Medicaid agency does have oversight with this waiver and they are ultimately responsible. DDD's is meeting with them quarterly and there are indicators in place for measurements when we do meet; however, we have improved on them.

Age eligibility has been changed from 4 to 12 years. Services in this waiver are not designed to meet the needs of children (i.e., Employment and Dayhab). Other services will provide for the family but this one is not designed to.

Level of care classification has been changed. In the past, psychologists were required to sign off. This is about what services you need. It has nothing to do with your IQ or intellectual ability. Initially doctors were required to sign off on information they were unfamiliar with as well. That has now been changed. We now have a person who holds the qualifications of Intellectual Disabilities Administrator. This position will have a bachelor's degree and a certain number of years experience in the field.

The reclassification piece has changed. Previously, forms were filled out that had no relevance. New forms have been created that are specific to the level of care. Program directors researched approximately six different states and the forms they use. From that research, a form has been created for our use. Jane feels it's a great value and will help to identify areas of potential growth. She feels it is a much more compliant document.

The minimum requirement to continue to be on the Home Community Based Waiver from receiving two services has been changed to one. Previously, everyone was required to receive case management which was considered one service. However, when it was switched to an administrative function it was never removed and it should have been.

We have eliminated level of care evaluations due to CMS not requiring it.

Supported Living Service has been added. This will go under the title *other*. The definition for Supported Living is sometimes called Drop in Supports. Individuals may receive up to 40 hours a week and they must receive the services in their own home or apartment. It cannot be a

provider operated facility. It is designed for those would wish to live independently. The services are diverse, it can be from budget planning to household chores, and they may have flexible hours.

Currently it must be provided by a provider agency as a standalone service in the *other* category. This is separate from Residential Rehabilitation which is important because under the Residential Rehabilitation there is monitoring and oversight having someone examining the home. With this support service that is not the case. Quality Improvement will pull sample records and review to make sure the service is being provided and that unsafe environmental issues are addressed with the client.

The criteria is different for those who can be shared living providers to include families as long as they are not the legal guardian. The feeling is anyone who is the legal guardian and is the shared living provider has complete control and there are concerns with that happening.

Jane explained the reasons about why this being put in place is to protect the individual. The committee has concerns and discussed it. The Bill of Rights was brought up and how the parents have as much rights legally as the guardian. Jane explains that most individuals hopefully are their own guardian.

We included the service definitions Day-Habitation, Pre-Vocational Services based on the core definitions presented as they were in the public forum in fall of 2012. If the new definition is accepted it will start in July, 2014. Alternate suggestions were given for Pre-Vocational but the division chose to stay with the original work completed. Group employment, Supported employment have already been approved, so they are already in the program.

Jane touched on the legacy system which speaks of those who fit into the program regardless. It is as it was written. What is different is you must have an employment goal. Pre-Vocational means preparing to work.

Language has been added to show DDDS has adopted the College of Direct Support as curriculum. Measures were changed based on that because they were outdated. Appendices were changed to make them more readable. The service plan development section was rewritten. The section on new procedures for assistance with self-medication was rewritten. We rewrote- how Shared Living gets paid.

All reference to Therap has been removed and electronic case record has been inserted. The reference to Office Quality Management has been changed to the Office of Quality Improvement.

Family Support Wavier

Data is continually being collected. Jane has spoken with other states to learn how they manage and operate their programs. Jane has meetings in the near future to look over documents that have been compiled and she feels progress is being made.

A committee member asked if respite is included in the family support wavier. Jane said if they are eligible they will; however, she cautions if families are in the system and are not eligible for the wavier they still may receive respite so we will reserve funds to provide respite for that population.

The wish list for the next budget is a case manager or a navigator. This is a service the families' desire. In order to do this there has to be a plan, target case management in the mix, train staff and then help families' transition onto the waiver.

Currently we don't have a good comprehensive plan for families. The concern is families don't have a plan for the future. Currently over 1 million is spent on family support specialists. This money could be better utilized. Qualifications are tightened in order to achieve a targeted standard. Targeted case management may be designed specifically for individuals with disabilities. The committee discussed how this has been tried unsuccessfully before in the state of Delaware. According to Jane this is specifically related to DDDS not other persons on Medicaid. Targeted case management has been misused in the past.

The committee discussed the best approach with testimony and money requests. No clear decision was made. Jane stated she supports the governor's budget.

Jane also wanted to make clear that Day-Habilitation and Employment services are currently in the state plan under the Rehab option. Those services will now be under part of the Family Support Wavier. There are approximately 600 hundred individuals on those state plans. We will shift the money and those individuals to the Family Support Waiver. They will be the first 600 on this wavier.

The committee discussed the definition and language of family support and how much it varies from state to state.

DSP Increases

Explanation of services

State employees – proposed 1%

Tony would like to address the JFC about the report in regards to the 18 million that has been denied. He feels if the study is not addressed it will be forgotten. Jane and Marie met with Representative Smith and her aide. Jane points out two areas in the study, Community Based Day Programs and Residential that are significantly less funded than others. She believes they may be more likely to fund these areas than across the board.

JFC/Testimony

Tony Horstman will discuss the budget, 1.3 million, council, emergency placement and school placement.

Tim Books plans to remind them of the language (you gave us), they passed this once already and what a Family Support Wavier can do for this potentially incredibly large eligible population.

It is believed ARC will testify in support of family support.

Committee discussed as a council if bringing up the 18 million or 1.3 for FY15 is a good idea? Jane reminds the committee if you do have a good Family Support Wavier, there will be less need for higher cost services. New placements may diminish in exchange for the money going to the Family Support Waiver. This will provide more of a balance for the money that is in the system. Committee is interested in getting more data.

Jane explained the only thing the JFC wants hear is about the money and what it is going to be used for. Very limited time; however, you can provide handouts.

ARC group- Family Support Coalition has invited everyone on the committee to hear speakers. Jane also mentioned Wingspan as a good source for information.

Consumer medications/weight risks

Jane has been doing research on this issue and according to that research the greatest issue is inactivity.

Tony believes PROBIS maybe able to help. Jane feels Standards are where weight needs to be addressed. The day program activity needs to part of everyday curriculum. There needs to be choice so individuals can have a variety and support staff can work with them. In- home programs are different and the outcome will not be as easy. Statics show living at home and with family weight is more of a problem. They are more isolated and not getting out in the community.

Judge Rotenberg Center

They have asked for a continuation, we are waiting for them to reschedule date.

Respite

Nothing new to report

Electronic Case Management System News

We have been approved; however, before we post the language needs to be reviewed.

DDDS Housing Vacancies

Pat reports: 42 are placed, 8 in process which is an increase since July FY14. These are the people with dates; many more are looking but are not officially counted.

Currently, 61 looking, 25 letters are going out.

Vacancies are 27 which are down, group homes are 23, and of that 12 are ARC, 4 vacancies in CLA's, (apartments, duplexes, and townhomes). Overall it is about 3.1%.

Provider meetings are normally quarterly; the last meeting was last fall. They will continue in the future.

Announcements and Informational Items

Title 29_ - Copies made and distributed

Jane informed the committee of the retirement of Connie Hughes

Adjournment

The meeting adjourned at 2:40 p.m.